

REGISTRATION FORM

675-3331 or 1-888-NTC-7144

REQUIRED ENROLLMENT INFORMATION. COMPLETE ALL QUESTIONS.

Have following information ready before calling or fill out completely before mailing.
Information needed for state reporting is marked with an *. It is kept confidential.

ENTRY DATE:

Month	Day	Year	Campus/Location
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ADVERTISING SOURCE: (Circle one)

- | | |
|----------------------------|-----------------------------|
| No answer | H - H.S. counselor/teacher |
| A - NTC advisor/counselor | M - Opportunity Magazine |
| B - Application, no fee | N - Newspaper ad/news story |
| C - Catalog | O - Other |
| D - Direct mail/flier | R - Radio ad/announcement |
| E - Employer | T - TV ad/announcement |
| F - Friend/family/coworker | Z - NTC H.S. recruiter |

STUDENT INFO

Social Security Number: _____

Name:

Last First Middle Initial

Former Name (if applies): _____

Home Address: _____

Number and Street

City State Zip Code

Telephone: _____

Important - E-Mail Address: _____

I am a legal resident of County: _____

☐ Township ☐ City ☐ Village of: _____

Legal Resident of
Public School District: _____

Name of School City

Single Parent*:

- ____ 1 = Yes
____ 2 = No

Displaced Homemaker*:

- ____ 1 = Yes
____ 2 = No

Sex:

☐ Male ☐ Female

Date of Birth:

Month ____ Day ____ Year ____

Ethnic*:

- ____ 1 = American Indian/Alaskan Native
____ 2 = Asian or Pacific Islander
____ 3 = Black (non-Hispanic)
____ 4 = Hispanic
____ 5 = White (non-Hispanic)

Citizenship Status:

- ____ 1 = U.S. citizen
____ 2 = Eligible legalized alien
____ 3 = Refugee
____ 4 = Foreign student
____ 5 = Immigrant
____ 8 = Other
____ 9 = Client refused to provide

Highest Grade Completed: (Circle one) 8 9 10 11 12 13 14 15 16 16+

High School Graduate: ☐ Yes ☐ No Year _____

GED: ☐ Yes ☐ No Year _____

Name of high school last attended: _____

City _____ State _____

Current Work Status:

- | | |
|-------------------------------|-------------------------------|
| ____ 01 = Employed, full-time | ____ 04 = Unemployed, seeking |
| ____ 02 = Employed, part-time | ____ 05 = Not in labor market |
| ____ 03 = Underemployed | ____ 06 = Dislocated worker |

If Employed: Company _____

City _____ State _____

Phone at Work (_____) _____ - _____

Economically Disadvantaged* (Use list below to determine): ☐ Yes ☐ No

If number in family is: And income less than:

1	8,240
2	11,060
3	13,880
4	16,700
5	19,520
6	22,340
7	25,160

For each additional family member, add \$2,820.

If enrolling in a credit class, have you ever taken a credit class at NTC before?

☐ No ☐ Yes If yes, when? Month _____ Year _____

Year first enrolled in any course at NTC: _____

If you are in a program now, which one? _____

What is your educational goal?

- A. Graduate from a certificate or program
B. Complete one or a few courses
C. Other

What is your reason for attending NTC?

- A. Occupational training for a first or new job
B. Occupational upgrading
C. Personal development
D. Other

Course #	Section #	Course Name	Day	Time	Start Date	Location	Fee
Misc. Charges							
Books							
TOTAL							

PLEASE BILL TO: ☐ Employer ☐ Other: _____

Total fee payment is due at the time this form is turned in. Please check one of the following payment methods:

Type of payment: ☐ Cash ☐ Check (check # _____) ☐ Charge
MasterCard/Visa # _____ - _____ - _____ - _____ Exp. Date ____/____

For Office Use Only: 6-92

Checked by _____ Date _____

Money received by _____ Date _____

Computer input by _____ Date _____

*This information is used for state reporting. It is confidential and voluntary.